MAXIMUS Federal Services

Case Number:	CM13-0054286		
Date Assigned:	12/30/2013	Date of Injury:	04/07/2001
Decision Date:	11/07/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	11/19/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 54 year old male with date of injury 4/7/01. The treating physician report dated 10/14/13 indicates that the patient presents with increasing lower back pain for the last 3 months. Prior treatment history of RFA of medial branches L3, L4 and dosal rami L5 and S1 on 6/18/12 with relief of pain lasting for 8 months. The physical examination findings reveal positive facet provocation bilaterally L4/5 and L5/S1, Lumbar extension is 10 degrees with increased pain and lumbar flexion is to 40 degrees with increased lumbar pain, SLR is negative bilaterally. The current diagnoses are: 1.Lumbar spondylosis2.Lumbar facet painThe utilization review report dated 11/11/13 denied the request for dorsal rami L5-S1 repeat radiofrequency ablation median branches bilateral L3, L4 based on the MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Dorsal Rami L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter; Facet joint radiofrequency neurotomy.

Decision rationale: The patient presents with increased lumbar pain that has been increasing over the past 3 months. The current request is for radiofrequency ablation of the dorsal rami L5 and S1. The treating physician report dated 10/14/13 states, "He currently does not exhibit any clinical signs of lumbar radiculopathy and does not have any evidence of nerve root compression on MRI scan. His pain is provoked with posterior element provocation and relieved with 10-15 degrees of flexion forward." The treater also documents that the patient had over 50% relief lasting greater than 8 months with previous radiofrequency ablation procedure. The MTUS guidelines do not address facet joint radiofrequency ablation. The ODG guidelines do support facet joint radiofrequency neruotomy with proper criteria being met. Approval of repeat neurotomies depends on variables such as evidence of adequate diagnostic blocks, documented improvement in VAS score, decreased medications and documented improvement in function. In this case the treating physician has documented that the patient experienced decreased pain of greater than 50% lasting for at least 8 months. There is no documentation found to indicate that the patient had specific changes in VAS score as the reports provided all state that over the past 3 months pain levels have been from a 2-7/10. There is no documentation of decreased medication usage or improved function as a result of the previously performed radiofrequency ablation. While the current examination findings appear to support the criteria of facet joint pain as outlined by the ODG guidelines, the treater has failed to document the necessary criteria for repeat radiofrequency ablation. Recommendation is for denial. Therefore the request is not medically necessary.

Repeat Radiofrequency Ablation Median Branches Bilateral L3, L4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter; Facet joint radiofrequency neurotomy.

Decision rationale: The patient presents with increased lumbar pain that has been increasing over the past 3 months. The current request is for radiofrequency ablation of the median branches bilaterally L3 and L4. The treating physician report dated 10/14/13 states, "He currently does not exhibit any clinical signs of lumbar radiculopathy and does not have any evidence of nerve root compression on MRI scan. His pain is provoked with posterior element provocation and relieved with 10-15 degrees of flexion forward." The treater also documents that the patient had over 50% relief lasting greater than 8 months with previous radiofrequency ablation procedure. The MTUS guidelines do not address facet joint radiofrequency ablation. The ODG guidelines do support facet joint radiofrequency neruotomy with proper criteria being met. Approval of repeat neurotomies depends on variables such as evidence of adequate diagnostic blocks, documented improvement in VAS score, decreased medications and documented improvement in function. In this case the treating physician has documented that the patient experienced decreased pain of greater than 50% lasting for at least 8 months. There is no documentation found to indicate that the patient had specific changes in VAS score as the reports provided all state that over the past 3 months pain levels have been from a 2-7/10. There

is no documentation of decreased medication usage or improved function as a result of the previously performed radiofrequency ablation. While the current examination findings appear to support the criteria of facet joint pain as outlined by the ODG guidelines, the treater has failed to document the necessary criteria for repeat radiofrequency ablation. Recommendation is for denial. Therefore the request is not medically necessary.